2011 LANL Retiree Medicare Monthly Medical Insurance Premiums **BCBSNM National EPO** Retiree Only **Spouse Only** Retiree + Spouse Retiree + Child(ren) Spouse + Child(ren) **Family** LANS Retiree LANS Retiree LANS Gross Retiree Retiree LANS Gross Retiree LANS LANS Gross Gross Gross Retiree Gross \$290 \$132 \$518 \$650 \$132 \$650 \$132 \$518 \$650 \$200 \$774 \$974 **BCBSNM National PPO Spouse Only** Retiree + Spouse Retiree + Child(ren) Spouse + Child(ren) **Retiree Only** Family Retiree LANS Retiree LANS Gross Gross LANS Retiree LANS Retiree LANS LANS Retiree Gross Gross Gross Retiree Gross \$76 \$304 \$380 \$76 \$304 \$380 \$160 \$646 \$806 \$160 \$646 \$806 \$160 \$646 \$806 \$232 \$930 \$1,162 National Medicare Supplement **Spouse Only** Retiree + Spouse Retiree Only Retiree + Child(ren) Spouse + Child(ren) **Family** Retiree LANS Gross Retiree LANS Gross Retiree **LANS** Gross Retiree **LANS** Gross Retiree LANS Gross Retiree LANS Gross \$308 \$386 \$308 \$386 \$164 \$654 \$818 \$164 \$654 \$818 \$654 \$242 \$968 \$1,210 \$78 \$164 \$818 2011 LANL Retiree Non-Medicare Monthly Health Insurance Premiums **BCBSNM National EPO Spouse Only** Retiree + Spouse Retiree + Child(ren) Spouse + Child(ren) Retiree Only Family Retiree LANS Gross \$866.00 \$106.00 \$412.00 \$518.00 \$106.00 \$412.00 \$518.00 \$222.00 \$1.088.00 \$190.00 \$742.00 \$190.00 \$932.00 BCBSNM National PPO Spouse Only Retiree + Spouse Spouse + Child(ren) Retiree + Child(ren) **Retiree Only** Family Retiree LANS Retiree LANS Gross Retiree LANS Gross Retiree LANS Gross Gross Retiree LANS Gross Retiree LANS Gross \$134.00 \$520.00 \$654.00 \$134.00 \$520.00 \$654.00 \$280.00 \$1,092.00 \$1,372.00 \$240.00 \$938.00 \$1,178.00 \$240.00 \$938.00 \$1,178.00 \$388.00 \$1,506.00 \$1,894.00 **BCBSNM National CDHP Spouse Only** Retiree + Spouse Retiree Only Retiree + Child(ren) Spouse + Child(ren) Family Retiree LANS Gross Retiree LANS Gross

2011 LANL Retiree Dental, Vision and Legal Monthly Insurance Premiums Retiree Cost

\$180.00

\$702.00

\$882.00

\$180.00

\$702.00

\$882.00

\$1,030.00

Dental Insurance (Graduated Eligibility)	
	Monthly
Self	\$43.11
Adult + Child(ren)	\$87.79
Two Adults	\$80.46
Family	\$143.66

\$490.00

\$100.00 \$390.00

\$490.00

\$210.00

\$820.00

\$100.00 \$390.00

Vision Insurance		
		Monthly
	Self	\$9.82
	Adult + Child(ren)	\$19.85
	Two Adults	\$19.65
	Family	\$24.57

Legal Insurance	
	Monthly
Self	\$10.73
Adult + Child(ren)	\$14.37
Two Adults	\$14.37
Family	\$15.59

\$292.00 \$1,130.00 \$1,422.00